

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 499 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7098	2. Fiscal Year Covered From: [1] / [3] / [2004] Through: [12] / [33] / [2004]
3. Name and address of person filing. Name Dominic J. Pons	4. Name, file number, and address of labor organization. Name Intl Union of Bricklayers & Allied Craftworkers Labor Organization File Number 000-034
P.O. Box, Bldg., Room No., if any 1776 Rye Street, NW, Suite 600	P.O. Box, Building and Room Number, if any Suite 600
Street 1776 Rye Street, NW	Street 1776 Rye Street, NW
City Washington	City Washington
State District of Columbia	ZIP Code + 4 20006
5. Position in labor organization. Exec. Vice-President (retired 2005)	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name None Trade Name, if any None P.O. Box, Bldg., Room No., if any 1776 Rye Street, NW, Suite 600 Street 1776 Rye Street, NW City Washington State District of Columbia	7.a. Nature of Interest, Transaction, or income. None
7.b. Amount. None	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signed

On **08/12/05** Date **(518) 456-2577** Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Masonry Institute

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 42 East Street

City Annapolis

State Maryland

ZIP Code + 4 21401

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Contributions are made to IMI pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IMI contracts for services from the Union such as accounting, collection, data processing, human resources, meeting planning, etc.

11.b. Approximate dollar value of such dealing.

\$3,834,679

12.a. Nature of interest held or income received.

Business expense reimbursement for lodging, parking, meals, phone and equipment at Winter Cluster Meeting Feb. '04.

12.b. Amount.

\$839

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Union of Trades Pension FundTrade Name, if any: International Union of Trades Pension FundP.O. Box, Bldg., Room No., if any: 1776 Eye Street, NW, Suite 700Street 1776 Eye Street, NW, Suite 700City WashingtonState District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Union of Trades Pension FundTrade Name, if any: International Union of Trades Pension FundP.O. Box, Bldg., Room No., if any: 1776 Eye Street, NW, Suite 700Street 1776 Eye Street, NW, Suite 700City WashingtonState District of Columbia ZIP Code + 4 20006

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

11.a. Nature of such dealing.

Contributions are made to IPF pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IPF contracts for services from the Union such as accounting, collection, data processing, human resources, meeting planning, etc.

11.b. Approximate dollar value of such dealing.

\$3,090,813

12.a. Nature of interest held or income received.

Business expense reimbursement: lodging, parking, meals, phone and equipment for Winter Cluster Mtg Feb. '04; lodging, meals and phone expenses at Spring Cluster Meeting May '04; lodging, meals and miscel. exp. Board of Trustees Mtg. Nov. '04.

12.b. Amount.

\$1,123

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Local Officers and Employees Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 1776 Eye St., NW, Suite 700

City: Washington

State: District of Columbia ZIP Code + 4: 20006

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., If Any:

Street:

City:

State:

ZIP Code + 4:

11.a. Nature of such dealing:

LOEPF contracts for services from the Union such as accounting, data processing, human resources, meeting planning, etc.

11.b. Approximate dollar value of such dealing:

\$97,422

12.a. Nature of interest held or income received:

Business Expense Reimbursement for lodging, parking, meals, phone and equipment for Winter Cluster Meeting Feb. '04.

12.b. Amount:

\$839

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **National Refractory Joint Industry Council**Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street **1776 Eye St., NW, Suite 600**City **Washington**State **District of Columbia** ZIP Code + 4 **20006**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

11.a. Nature of such dealing.

Contributions are made to the JJC pursuant to collective bargaining agreements negotiated by the Union.

11.b. Approximate dollar value of such dealing.

\$80,838

12.a. Nature of interest held or income received.

Business Expense Reimbursement for lodging, parking, meals, phone and equipment for Winter Cluster Meeting Feb. '04.

12.b. Amount.

\$839